

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 26, 2010
Secretary of State

Entity Name: MALIBU BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O GUARANTEE MANAGEMENT SERVICES, INC.
6925 N.W. 42ND STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

C/O GUARANTEE MANAGEMENT SERVICES, INC.
6925 N.W. 42ND STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0784040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN, STEVEN A ESQ
900 SW 40TH AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LOPEZ, CONRAD
Address: 3395 N.E. 9TH STREET UNIT # 202
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD
Name: PRENDERGAST, DIANNE
Address: 3375 N.E. 15TH DRIVE UNIT #105
City-St-Zip: HOMESTEAD, FL 33030

Title: SD
Name: ANGELOTTI, ANNETTE
Address: 10790 S.W. 88TH AVENUE
City-St-Zip: MIAMI, FL 33176

Title: TD
Name: MALDONADO, ELVIS
Address: 978 N.E. 36TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: GALO, JUAN
Address: 1940 N.E. 36TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN FEIN

AGEN

01/26/2010

Electronic Signature of Signing Officer or Director

Date